

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047817

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 5867 Registrar's No. 69

FILED DEC 21 1962

VS 300
Rev. 4/59

1 0750
2 0750
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4 1
5 1
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7 1
8 2
9 171X
10
11
12 90-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Oregon		a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer		c. CITY OR TOWN Thayer	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Thayer		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First G Middle racie Last Mae Cochran		4. DATE OF DEATH Month December Day 12 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-24-19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 43
11. BIRTHPLACE (City and state or country) Mammoth Springs, Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George T. Marshall		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE L. V. Cochran
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address L. V. Cochran Thayer, Missouri
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 1/2 year
IMMEDIATE CAUSE (a) Cerebral Perme			
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Jan 1962 to Dec 12 1962 and last saw her alive on Dec 12 1962			
Death occurred at 8:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. V. Cochran		22b. ADDRESS Thayer, Mo	22c. DATE SIGNED 12-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-15-62	23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	23d. LOCATION (City, town, or county) (State) Thayer Missouri
24. FUNERAL DIRECTOR ADDRESS Carter Funeral Home Thayer, Missouri		25. DATE RECD. BY LOCAL REG. 12-14-62	26. REGISTRAR'S SIGNATURE Ray D. Blasing

Removal of tissues

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Edward Carter*

Licensed Embalmer No. 4516

P. O. Address *West Plains Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.